

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45375

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No.

290

Primary Registration District No.

4427

Registrar's No.

168

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Crocker, Mo. Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp. Length of stay in lb 8 days.				d. STREET ADDRESS (If outside, give location) None. Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Bobby Middle Lee Last Squires.				4. DATE OF DEATH Month 12 Day 18 Year 1957			
5. SEX Male		16. COLOR OR RACE White.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6/26/56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Dixon, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edwin Gene Squires.				14. MOTHER'S MAIDEN NAME Virginia. Gan.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ----- (If yes, give year or dates of service)				16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Edwin Gene Squires. Crocker, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Gastroenteritis with DUE TO (c) Complete ANURIA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 5710						INTERVAL BETWEEN ONSET AND DEATH 2 w 10 d 10 days 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ✓					
20c. TIME OF INJURY Hour 10:00 a. m. p. m. Month, Day, Year Dec 19, 1957		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ✓		20f. CITY, TOWN, OR LOCATION Crocker, Missouri		20g. COUNTY Pulaski		20h. STATE Missouri	
21. I attended the deceased from Dec 19, 1957 and last saw ^{her} him alive on Dec 18, 1957 Death occurred at 10:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John A. Phillips (Degree or title)				22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 12-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/20/57		23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem.		23d. LOCATION (City, town, or county) (State) Crocker, Mo.	
24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS Crocker, Mo.		25. DATE RECD. BY LOCAL REG. 12-20-57		26. REGISTRAR'S SIGNATURE Paula Mae Anderson			

08/22/8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
☒ working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clarence Mos*

Licensed Embalmer No. *41896*

P. O. Address *Weymouth*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.